continued to fall steadily and to improve in quality, the general condition being one of progression. The patient's mental condition changed rapidly for the better, the appetite returned, and the skin resumed its normal color. Nuclein evidently strengthens nature's antitoxic elements in acting promptly and favorably upon leucocytosis, causing no unpleasant complication or effects, and rapidly diminishes fœtid discharges.—*Therapeutic Gazette*, 1897, No. 5, p. 296.

Chelidonium Majus in the Treatment of Cancer.—Dr. C. D. Spivak has collected the reported cases of fourteen observers, and finds that of 61 treated, 33 improved under this treatment. The general sentiment, based upon the favorable cases reported by reputable physicians and the microscopical examinations of cancerous tissue made after the injections, is that (1) the drug undoubtedly has some influence upon cancerous tissue which requires further investigation; (2) the experiments are not numerous enough to warrant definite conclusions; (3) the drug being very unstable, many of the unfavorable cases may be attributed to the inefficiency of the preparation; and (4) probably the technique of the administration is not yet perfected.—*Therapeutic Gazette*, 1897, No. 4, p. 229.

The Causation of Chloroform Syncope.—Mr. Leonard Hill concludes that: (1) Chloroform produces a primary failure of the circulating mechanism and a secondary failure of the respiratory centre. The respiratory centre fails to act not only because it is damaged by the drug, but because of the anæmia of the spinal bulb produced by the fall of arterial tension. This is proved by the fact that the action of the respiratory centre can be renewed by raising the arterial tension. The depth of anæsthesia depends, as does the paralysis of the respiratory centre, on the primary fall of the arterial tension. (2) It, more than any other known agent, rapidly abolishes the vascular mechanisms which compensate for the hydrostatic effect of gravity. (3) It abolishes these mechanisms by paralyzing the splanchnic vasomotor tone and by weakening the action of the respiratory pump. When these mechanisms are totally abolished the circulation is impossible if the subject be in the feet-down position. (4) It also produces paralytic dilatation of the heart. It acts directly like amyl nitrite on the musculature of the whole vascular system. (5) There are two forms of chloroform syncope: (*a*) During primary anæsthetization. The patient struggles, holds his breath, raises the intrathoracic pressure, congests his venous system, lowers his arterial tension, and finally takes deep inspirations and surcharges his lungs with chloroform. In the first stage the left heart becomes impoverished; in the second stage it is suddenly filled with blood. This is drawn from the lungs, and is full of chloroform. The chloroform passes into the coronary arteries, and the heart is thrown into paralytic dilatation. Respiration and the pulse either cease simultaneously, or the pulse before respiration. (*b*) During prolonged anæsthesia this arises from gradually giving chloroform to too great an extent. The arterial pressure falls lower and lower, and, secondarily, the respiration ceases because of the anæmia of the spinal bulb. The heart is not in this case paralyzed by chloroform, because the drug is taken in gradually by the shallow respirations and distributed slowly by the feeble circulation. (6) Artificial respiration and the assumption of the horizontal position, if applied in time, will always resuscitate a patient from the second form of syncope. (7) Artificial respiration, established with the patient in the horizontal posture, is also the treatment indicated in the first form of syncope; the heart should be rhythmically compressed by squeezing the thorax. If this does not quickly renew the pulse, the patient should be put into the vertical feet-down posture. The dilated right heart is thereby completely and easily emptied of blood. Artificial respiration is maintained during this manœuvre, and the patient is brought once more into the horizontal posture. By rhythmic compression of the chest an efficient circulation is maintained through the coronary arteries; by first emptying and then filling the heart a fresh supply of blood is brought into that organ. If this does not prove successful on the first trial it can be repeated. (8) Inversion —that is, placing the subject in the feet-up position—or compression of the abdomen will increase the paralytic dilatation of the heart. In this kind of syncope both these forms of treatment are worse than useless. (9) In the condition of shock or emotional fear the compensatory mechanism for the effect of gravity is almost abolished, and chloroform may easily be the last straw to completely paralyze the circulation. (10) Vagus inhibition of the heart is of no importance as an agent in the production of chloroform syncope. (11) Ether is in every respect a far safer anæsthetic than chloroform. According to Ringer's experiments on the heart, ether is fifty times less dangerous than chloroform.—*British Medical Journal*, 1897, No. 1894, p. 957.

The Treatment of Chronic Alcoholism by Strychnine.—DR. F. COMBEMALE regards as the capital indication for its use the period of alcoholism without acute attacks. If there is an acute attack imminent, opium will prevent it, and strychnine then becomes useful in warding off another and in conducing to a complete cure. There are, however, instances when the drug cannot be used without adding an acute to the chronic poisoning. If there is marked fatty degeneration, a premature senescence of the tissues, failure of mental functions, an arcus senilis, or cardiac degeneration, the tissues cannot be regenerated by this drug. Further, if the organs of elimination do not act normally, there is danger of accident in its use.—*Gazette Hebdomadaire de Médecine et de Chirurgie*, 1897, No. 39, p. 457.

A Case of Susceptibility to Caffeine.—M. DALCHÉ reports that a diabetic suffering from a secondary grippal pneumonia received four hypodermatic injections of a grain each in a day. As a result, there appeared agitation, loquacity, delirium, vomiting, cutaneous and muscular hyperæsthesia. Coma threatened, but there was no acetone or diacetic acid in the urine. The drug being omitted, all symptoms disappeared. There was a previous history of hysteria. Renal insufficiency was not brought in to explain these symptoms, but they were attributed to idiosyncrasy.—*Les Nouveaux Remèdes*, 1897, No. 7, p. 198.

Treatment of Spider-bites.—DR. A. DAVIDSON believes that most of the so-called spider-bites encountered in Southern California are inflicted by an